APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

المسالة	idence, post office add	rinal, first and sole inventor (i	ed below next to my name; that f only one name is listed below) or	an original, first and joint
nventor (if pluranvention entitled		d below) of the subject matter ON-RECORDING METHOD	er which is claimed and for which AND INFORMATION-RECORD	B patent is sought on the DING MEDIUM
escribed and cla	imed in the specifical	ion:	·	
heck one	.			
*a. [. b. [attached hereto. liled on	as Application No	o and amende	d on (if applicable).
I hereb	y state that I have rev	riewed and understand the conf	tents of the above-identified specific	ation, including the claims,
s amended by at I ackno	ny amendment referre	d to above. isclose to the Office all inform	astion known to me to be material to	•
Title 37, Code of	Federal Regulations,	§1.50.	of the following foreign application	nds) and/or United States
Under rovisional appli laimed:	Title 35, U.S. Code ication(s) filed by me	e or my legal representatives	or assigns within one year prior to	this application are hereby
apanese Pate	nt Application No	. 2002-364493 filed on D	ecember 16, 2002	
Industrial States of	America either (a)) for patent or inventor's cort one than one year prior to the Juited States provisional applic	ificate on this invention were filed is application, or (b) before the filin cation(s):	in countries foreign to the g date of the above-named
Oreign priority a	-pp://amail.c/		• •	•
	•			•
l heret	by appoint the follow to transact all business	ing as my attorneys of record	with full power of substitution and	revocation to prosecute this
	Kirk M. Edward Mario A	Hudson, Reg. No. 27,562; To P. Walker, Reg. No. 31,450; A. Costantino, Reg. No. 33,56 strong, Reg. No. 36,430; Chi	iam P. Berridge, Reg. No. 36,024; nomas J. Pardini, Reg. No. 30,411; Robert A. Miller, Reg. No. 32,771; 5; Stephen J. Roe, Reg. No. 34,463; ristopher W. Brown, Reg. No. 38,0 and Paul Tsou, Reg. No. 37,956.	
BERRIDGE, P	SPONDENCE IN (LC, P.O. BOX 1992)	CONNECTION WITH TH B, ALEXANDRIA, VIRGINI	US APPLICATION SHOULD 1 A 22320, TELEPHONE (703) 836	-0400.
of my own know statements were or both, under S	wiedge are true and th	at all statements made on info ledge that willful false stateme 18 of the United States Code a	contents of this Declaration, and the trimation and belief are believed to be nts and the like so made are punisha and that such willful false statement	e true; and turther that these ble by fine or imprisonment
Typewritter	Full Name	4		
of First or Sole Inventor		Naoki	340 AN T 040 A	KITAGAKI
**Inventor's Signature:		Given Name Nwoki	Middle Initial	Family Name
**Date of Signature:		Dec.	4 Th	2003_
		Month	Day	Year
	λ	Montiya-shi	<u>Ibaraki</u>	_ JAPAN
Residence:	••		State or Province	Country
		City		
Residence: Citizenship:	Japanese Post Office Addre (Insert complete mailing address, including country	ess: 2-1, Maisumaedai	4-chome, Moriya-shi, Ibaraki	302-0102 JAPAN

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

Full Name		Mekata		MIYAMOTO
of Second Joint Inventor (if any)			Middle Initial	Family Name
Signature:		mante	2.21.	miyamoto
			4th	2003
-			Day .	Year
	Morivo	•	Tharaki	JAPAN
Residence:		SHII		Country
lananece	City			, · · · · · · · · · · · · · · · · · · ·
Post Office A (Insert comple	#e	16-9, Mizukino 6-che	ome, Moriya-shi, Ibaraki	
		302-0121 JAPAN		
Full Name				
stor (if any)			NC 331 - T- biol	Family Name
Si	•	Given Name	Wiodic mitta	Family Ivanie
-				
Rusumic.		Marth	Day	Year
		. MORILII	22,	
				<u> </u>
	City		State or Province	Country
(Insert comple mailing addre	ete ss.,			
Full Name				
entor (if any)		Given Name	Middle Initial	Family Name
_				
gnature:			D	Year
•		Month	Day	I Cal
	City		State or Province	Country
	•			
Post Office A	ddress:			
•				· · · · · · · · · · · · · · · · · · ·
				•
including cou	intry)			
Full Name				
stor (if any)				
		Given Name	Middle Initial	Family Name
Signature:	 			
ignature:				
		Month	Day	Year
	City		State or Province	Country
			•	
mailing addre	:53,			
	Japanese Post Office A (Insert complemailing addresincluding countries gnature: Post Office A (Insert complemailing addresing addresin	Signature: Moriva- City Japanese Post Office Address: (Insert complete mailing address, including country) Full Name mor (if any) Signature: City Post Office Address: (Insert complete mailing address, including country) Full Name entor (if any) Signature: City Post Office Address: (Insert complete mailing address, including country) Full Name entor (if any) Signature: ignature: City Post Office Address: (Insert complete mailing address, including country) Full Name mor (if any) Signature: Signature: Signature: ignature:	Signature: Signature: Noriva-shi City Japanese Post Office Address: (Insert complete mailing address, including country) Full Name enter (if any) Signature: Given Name City Post Office Address: (Insert complete mailing address, including country) Full Name enter (if any) Given Name Signature: Month City Post Office Address: (Insert complete mailing address, including country) Full Name enter (if any) Given Name Signature: Month City Post Office Address: (Insert complete mailing address, including country) Full Name enter (if any) Given Name Signature: Given Name Signature: Month City Post Office Address: (Insert complete mailing address, including country) Full Name enter (if any) Given Name City Post Office Address: (Insert complete mailing address, including country) Full Name enter (if any) Given Name City Post Office Address: (Insert complete mailing address, including address, including country)	Signature: Signature: Sign

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

BEST AVAILABLE COPY